

Keep 1 away 311-314-7640

FORM PCB-60 — PCB WASTE DISPOSAL MANIFEST  
Michigan Department of Natural Resources — Environmental Protection Bureau

Nº 104193

I. PRODUCER, DESCRIPTION AND INTENDED DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. PRODUCER OF WASTE  
NAME PLAINWELL Paper Co. FACILITY NUMBER 060927  
ADDRESS 200 ALLEGAN  
TELEPHONE NUMBER 685 5851 DATE 09-11-78  
PRODUCER ORDER No. 6 PLACED BY K

PCB WASTE TYPE	PHYS. STATE	CONTAINERS NUMBER	TYPE	QUANTITY	UNIT	PCB (PPM) CONCENTRATION
PCB FLUIDS (EXCEPT PCB)	<u>2</u>	<u>16</u>	<u>3</u>	<u>31.6</u>	<u>2</u>	<u>999.999</u>
DRAINED TRANSFORMER(S)						
UNDRAINED TRANSFORMER(S)						
DRAINED CAPACITOR(S)						
UNDRAINED CAPACITOR(S)	<u>1</u>	<u>16</u>	<u>3</u>	<u>16 CAP</u>	<u>2</u>	<u>999.999</u>
PCB CONTAMINATED WATER						
SOLVENTS						
OILS	<u>2</u>					
SOIL						
CLEANUP MATERIALS						
MACHINERY						
PROCESS WASTE						
OTHER (specify)						

CONTAINER TYPE 1=55 GAL DRUM 2=BULK TANK 3=SELF CONTAINED UNITS 4=OTHER (specify)  
UNIT 1=CU YDS 2=GALLONS 3=POUNDS 4=TONS 5=OTHER (specify)

SPECIAL HANDLING INSTRUCTIONS (if any) 31.6 GAL 16 CAP TANKS

INTENDED DISPOSITION OF WASTE: Disposal  
NAME OF INTENDED HAULER Wayne Disposal  
BUSINESS ADDRESS 4418 9350 EXPRESSWAY  
NAME OF INTENDED DISPOSER Wayne Disposal  
SITE ADDRESS Bellville Mich  
LICENSE NUMBER 4418

D. PRODUCER CERTIFICATION

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

NAME & TITLE X SIGNATURE X DATE X

Keep gold copy for your records. Send pink copy to:  
DEPARTMENT OF NATURAL RESOURCES, ACT 60 MANIFESTS P.O. BOX 30032 LANSING MI 48909

HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME Wayne Disposal  
CITY PLAINWELL Mich STATE MI  
TELEPHONE NUMBER 616 685 9801  
B. STATE LIQUID OR SOLID WASTE HAULER LICENSE NUMBER 2213  
C. HAULER JOB NUMBER 111 PICKUP DATE 11-11-78  
D. VEHICLE LICENSE No. 111 STATE MI No. OF TRIPS 1  
E. METHOD OF TRANSPORTATION (check box)  
☒ TRUCK ☐ BULK TANK ☐ OTHER (specify)

F. HAULER CERTIFICATION

THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST WAS HAULED BY ME TO THE DISPOSAL FACILITY NAMED BELOW AND WAS ACCEPTED. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Keep canary copy for your records

NAME & TITLE (please print) Wayne Disposal SIGNATURE Wayne Disposal DATE 11-11-78

III. DISPOSER OF WASTE (MUST BE FILLED IN BY DISPOSER)

A. NAME Wayne Disposal  
CITY Wayne Mich STATE MI  
TELEPHONE NUMBER 4418  
B. STATE INCINERATOR PERMIT No. OR LANDFILL LICENSE No. 4418  
C. QUANTITY OF PCB WASTE RECEIVED AND DISPOSED:  
31.6 55 GALLON DRUMS 16 SELF CONTAINED UNITS  
2 BULK TANKS 2 OTHER CONTAINERS (specify)  
D. DISPOSAL METHOD  
☐ INCINERATION ☐ LANDFILL ☐ OTHER (specify)  
DISPOSAL DATE 11-11-78

E. DISPOSER CERTIFICATION

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS DISPOSAL FACILITY. IT WAS ACCEPTABLE MATERIAL UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS, AND IT WAS DISPOSED OF AT THIS SITE. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

NAME & TITLE (please print) Wayne Disposal SIGNATURE Wayne Disposal DATE 11-11-78

Keep green copy for your records. Send white copy to:  
DEPARTMENT OF NATURAL RESOURCES, ACT 60 MANIFESTS P.O. BOX 30032, LANSING, MI 48909

SPILLS OF PCB MUST BE REPORTED TO THE MICHIGAN DEPARTMENT OF NATURAL RESOURCES

**FORM PCB-60 — PCB WASTE DISPOSAL MANIFEST**  
Michigan Department of Natural Resources — Environmental Protection Bureau

**Nº 104193**

**I. PRODUCER, DESCRIPTION AND INTENDED DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)**

**A. PRODUCER OF WASTE:** FACILITY NUMBER 03100127  
NAME PLAINWELL PAPER CO. INC.  
ADDRESS 200 ALLEGAN ST. PLAINWELL, MICHIGAN  
TELEPHONE NUMBER 615-5851 DATE 4 - 1 - 78  
PRODUCER ORDER No. \_\_\_\_\_ PLACED BY \_\_\_\_\_

**B. DESCRIPTION OF WASTE (mandatory)** TOTAL NUMBER OF CONTAINERS 16

PCB WASTE TYPE	PHYS. STATE	CONTAINERS NUMBER	TYPE	QUANTITY	UNIT	PCB (PPM) CONCENTRATION
PCB FLUIDS (> 1% PCB)	<u>2</u>	<u>7</u>	<u>3</u>	<u>31.16</u>	<u>2</u>	<u>600000</u>
DRAINED TRANSFORMER(S)	<u>0</u>					
UNDRAINED TRANSFORMER(S)	<u>0</u>					
DRAINED CAPACITOR(S)	<u>0</u>					
UNDRAINED CAPACITOR(S)	<u>2</u>	<u>7</u>	<u>3</u>	<u>31.16</u>	<u>2</u>	<u>600000</u>
PCB CONTAMINATED WATER						
SOLVENTS						
OILS	<u>2</u>					
SOIL						
CLEANUP MATERIALS						
MACHINERY						
PROCESS WASTE						

OTHER (specify) \_\_\_\_\_  
CODES:  
PHYSICAL STATE 1-SOLID 2-LIQUID 3-GAS  
CONTAINER TYPE 1-55 GAL. DRUM 2-BULK TANK 3-SELF CONTAINED UNITS 4-OTHER (specify) \_\_\_\_\_  
UNIT 1-CU YDS 2-GALLONS 3-POUNDS 4-TONS 5-OTHER (specify) \_\_\_\_\_  
SPECIAL HANDLING INSTRUCTIONS (if any) 6 CAPACITORS ARE SEALED IN A 55 GAL. DRUM.

**C. INTENDED DISPOSITION OF WASTE:**

NAME OF INTENDED HAULER \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
NAME OF INTENDED DISPOSER \_\_\_\_\_  
SITE ADDRESS WAYNE DISPOSAL  
LICENSE NUMBER 4418 49350 EXPRESSWAY  
BELLVILLE, MICH.

**D. PRODUCER CERTIFICATION:**

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME & TITLE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Keep gold copy for your records. Send pink copy to:  
DEPARTMENT OF NATURAL RESOURCES, ACT 60 MANIFESTS, P.O. BOX 30032, LANSING, MI 48909

**II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)**

**A. NAME** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_  
**TELEPHONE NUMBER** \_\_\_\_\_  
**B. STATE LIQUID OR SOLID WASTE HAULER LICENSE NUMBER** \_\_\_\_\_  
**C. HAULER JOB NUMBER** \_\_\_\_\_ **PICKUP DATE** \_\_\_\_\_  
**D. VEHICLE LICENSE No.** \_\_\_\_\_ **STATE** \_\_\_\_\_ **No. OF TRIPS** \_\_\_\_\_  
**E. METHOD OF TRANSPORTATION (check box).**  
☐ TRUCK ☐ BULK TANK ☐ OTHER (specify) \_\_\_\_\_

**F. HAULER CERTIFICATION:**

THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST WAS HAULED BY ME TO THE DISPOSAL FACILITY NAMED BELOW AND WAS ACCEPTED. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Keep canary copy for your records.

NAME & TITLE (please print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**III. DISPOSER OF WASTE (MUST BE FILLED IN BY DISPOSER)**

**A. NAME** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_  
**TELEPHONE NUMBER** \_\_\_\_\_  
**B. STATE INCINERATOR PERMIT No. OR LANDFILL LICENSE No.** \_\_\_\_\_  
**C. QUANTITY OF PCB WASTE RECEIVED AND DISPOSED:**  
       55 GALLON DRUMS        SELF CONTAINED UNITS  
       BULK TANKS        OTHER CONTAINERS (specify) \_\_\_\_\_  
**D. DISPOSAL METHOD:**  
☐ INCINERATION ☐ LANDFILL ☐ OTHER (specify) \_\_\_\_\_  
**DISPOSAL DATE:** \_\_\_\_\_  
**E. DISPOSER CERTIFICATION:**

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS DISPOSAL FACILITY. IT WAS ACCEPTABLE MATERIAL UNDER THE TERMS OF FEDERAL, STATE, AND LOCAL REGULATIONS, AND IT WAS DISPOSED OF AT THIS SITE. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

NAME & TITLE (please print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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SPILL OF PCB MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7222 24 HOURS PER DAY

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